

Please complete all required sections to allow your request to be processed.

Patients may or may not meet eligibility requirements as established by Alberta Government sponsored drug programs.

PATIENT INFORMATION				COVERAGE TYPE
PATIENT LAST NAME	FIRST NAME	INITIAL	<input type="checkbox"/> Alberta Blue Cross <input type="checkbox"/> Alberta Human Services <input type="checkbox"/> Other	
DATE OF BIRTH (YYYY/MM/DD)	ALBERTA PERSONAL HEALTH NUMBER			
STREET ADDRESS	CITY	PROV	POSTAL CODE	ID/CLIENT/COVERAGE NUMBER

PRESCRIBER INFORMATION			
PRESCRIBER LAST NAME	FIRST NAME	INITIAL	PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION
STREET ADDRESS			<input type="checkbox"/> CPSA <input type="checkbox"/> ACO REGISTRATION NUMBER <input type="checkbox"/> CARNA <input type="checkbox"/> ADA+C <input type="checkbox"/> ACP <input type="checkbox"/> Other
			PHONE
CITY, PROVINCE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED
POSTAL CODE			

Criteria for Coverage of EZETIMIBE	
<p><i>For the treatment of hypercholesterolemia in patients who are intolerant to statins or in whom a statin is contraindicated and who are at high cardiovascular risk*, or</i></p> <p><i>For the treatment of hypercholesterolemia when used in combination with a statin in patients failing to achieve target LDL with a statin at maximum tolerable dose or maximum recommended dose as per respective product monograph and who are at high cardiovascular risk*</i></p> <p>Special authorization may be granted for 6 months. This product is eligible for auto-renewal.</p>	<p><i>*High cardiovascular risk is defined as possessing one of the following</i></p> <ol style="list-style-type: none"> 1) <i>pre-existing cardiovascular disease and/or cerebrovascular disease</i> 2) <i>diabetes</i> 3) <i>familial hypercholesterolemia</i> 4) <i>greater than or equal to 20% risk as defined by the Framingham Risk Assessment Tool</i> 5) <i>three or more of the following risk factors:</i> <ul style="list-style-type: none"> <li style="width: 50%;">• <i>family history of premature cardiovascular disease</i> <li style="width: 50%;">• <i>obesity</i> <li style="width: 50%;">• <i>smoking</i> <li style="width: 50%;">• <i>glucose intolerance</i> <li style="width: 50%;">• <i>hypertension</i> <li style="width: 50%;">• <i>renal disease.</i>

Please provide the following information for all NEW requests

A. Diagnosis hypercholesterolemia other (please specify) _____

B. Information regarding previous STATIN use

Statin(s) HAS been utilized. Please specify which statin has been utilized (including dose and duration) _____

Nature of response to STATIN: Intolerance Failure to achieve target LDL Other _____

Statin(s) has NOT been utilized. Contraindication? Yes No Please elaborate _____

C. Presence of CARDIOVASCULAR risk factors (CHECK ALL THAT APPLY)

*In order to comply with the above criteria check **at least three** of the following*

family history of premature cardiovascular disease smoking hypertension obesity glucose intolerance renal disease

AND/OR

*In order to comply with the above criteria check **at least one** of the following*

pre-existing cardiovascular disease and/or cerebrovascular disease diabetes familial hypercholesterolemia

greater than or equal to 20% risk as defined by the Framingham Risk Assessment Tool

D. Additional information relating to request	PRESCRIBER'S SIGNATURE	DATE	Please forward this request to Alberta Blue Cross, Clinical Drug Services 10009 108 Street NW, Edmonton, Alberta T5J 3C5 FAX: 780-498-8384 in Edmonton • 1-877-828-4106 toll-free all other areas
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ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST

The information on this form is being collected and pursuant to sections 20, 21 and 22 of the Health Information Act, and sections 33 and 34 of the Freedom of Information and Protection of Privacy Act, for the purposes of determining or verifying eligibility to participate in a program or receive a benefit, product or health service. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross privacy matters representative toll-free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 108 Street, Edmonton AB T5J 3C5.

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